

ADVISOR QUESTIONNAIRE

Please fill out this questionnaire and return it to me.

1. What Securities Licenses do you hold? CRD# _____

Series 6 Series 7 Series 65 Series 66 Other

2. Do you hold an insurance License? _YES/NO_ State(s) _____ **License Number** _____

3. What are my annual fees? _____

How often do I get charged? Annually / Quarterly / Monthly / Daily

Do you get paid commissions? Yes No

4. How many Florida Retirement System clients do you have? _____

I will act as a fiduciary for you and put your interest ahead of the firms interest and disclose all conflicts of interest when offering advice or products for a retirement account.

Signature:

Date: